262098377

RECEIVED
PUBLIC RECORDS

## RECEIVED SECRETARY OF THE SENATE REPORT OF CONTRIBUTIONS BUNDLED BY COBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACS OCT 24 PM 4: 16

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1.	NAME OF COMMITTEE (in full)	TYPE OR PRIN	NT		nple: If the line	typing, type es.	9 [	1ŽFĚ4M5	^	-0		
lD.	eb Fischer for US Ser	nate										
Ш		<u> </u>										
AD	DRESS (number and street)	PO Box 8328	7 		1 1 1	<u> </u>				1 1 1	1111	
	Check if different than previously reported. (ACC)	Lincoln	С	ITY			] s	NE   TATE	68508	ZIP CO		
2.	FEC IDENTIFICATION NU	MBER	BER 3. IS THIS			OR		AMENDED (A)	4.	STATE	DISTRICT	
	C C00498907		1151	ORT Z	(N)	<u> </u>				For Cand	LLL lidates Only	
5.	TYPE OF REPORT (Choose One)	(b) Mon Repo	ort 🖳	eb 20 (M2)		May 20 (M5)	l	Aug 20	(M8)	Nov (Non-	20 (M11) Election Year Only)	
	(a) Quarterly Reports:	Due	On: M	lar 20 (M3)	j	un 20 (M6)		Sep 20	(M9)	Dec (Non-	20 (M12) Election Year Only)	
	April 15 Quarterly Report (Q1)		A	pr 20 (M4)	<u> </u>	ul 20 (M7) a Semi-annual	and/or Report	Oct 20	(M10)	Jan Sem	31 (YE) and/or ni-annual Report	
	July 15 Quarterly Report (Q2) and/or Semi-annual Rep	PR									eport also covers mi-annual period	
	October 15 Quarterly Report (Q3)		Special (125) Convention (12C)									
	January 31 Year-End Report (YE)		ection on			<u>L</u>		State of	ال . ي. ب 	Se	ee Line 6(b)	
	and/or Semi-annual Re July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Re	PO	(d) 30-Day POST-Election General (30G) Runoff (30R) Special (30S) Report for the:									
		nort			, כו ל	<b>Ϋ «"Υ Υ</b>	( . <b>Y</b> .	in the	~ <b>‡</b>	Se	ee Line 6(b)	
<del></del>	Covered Period(s)	(a) Quarte	rly/Monthly/P	re-/Post-Ele	ction Co	vered Period	<u> </u>		(b) Semi	i-annual Co	overed Period	
	This report covers 10	/ o w'o ∰// ❤️   01	y y y 2012	through	ม ม / 10	ים ס 17	у у. 201		/or	•	1 - June 30 December 31	
7.	Total Reportable Bundled Co Lobbyists/Registrants or Lob		٠	erly/Monthly	Pre-Pos	t-Election Co		eriod (b)	,	nnual Cove	red Period	
	ertify that I have examined this	s Report and t	to the best of B.	of my know	rledge a	ind belief it	is true	e, correct and	d compl	ete.		
	nature of Treasurer	Pon	era B. Wernen	1			Da	м м ate 10	· / b	22 22	Y Y Y S V 3	
NO.	TE: Submission of false, errone	ous, or incomp	lete informati	on may sub	ject the	person sigr	ning this	s Report to th	ne pena	Ities of 2 L	J.S.C. §437g.	
l	Office Use								FE	C FOR	M 3L	